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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Eloy	Consuelo
	your government-issued picture identification (for example, your driver's license or passport). Bring your picture	First name	First name
		М	
		Middle name	Middle name
		Cruz	Cruz
identification to your meeting with the trustee.		Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
	-		
2.	All other names you have used in the last 8 years	Eloy M Cruz Castaneda	Consuelo Ortiz de Cruz
	Include your married or maiden names.	•	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7395	xxx-xx-6456

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Debtor 1 Eloy M Cruz
Debtor 2 Consuelo Cruz

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s) EINs		
5.	Where you live	1014 Greenwood Circle Woodstock, IL 60098	If Debtor 2 lives at a different address:		
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		McHenry			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Debtor 1 Eloy M Cruz

Deb	otor 2 Consuelo Cruz				Case number (if known)		
Par	t 2: Tell the Court About	Your Bankruptcy (ase				
7.	The chapter of the Bankruptcy Code you are	ruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	Chapter 7					
		☐ Chapter 11					
		☐ Chapter 12					
		☐ Chapter 13					
8.	How you will pay the fee	about how	ou may pay. Typica r attorney is submit	illy, if you are paying the fee yo	with the clerk's office in your local court for more urself, you may pay with cash, cashier's check, o lf, your attorney may pay with a credit card or ch	r money	
					n, sign and attach the Application for Individuals	to Pay	
		•	ee in Installments (G	•	only if you are filing for Chapter 7. By law, a judg	ge may.	
		but is not re	quired to, waive you	ır fee, and may do so only if you	ur income is less than 150% of the official poverty	y line that	
					installments). If you choose this option, you must al Form 103B) and file it with your petition.	st IIII Out	
9.	Have you filed for	■ No.					
	bankruptcy within the last 8 years?	☐ Yes.					
	•	Distric	İ	When	Case number		
		Distric	i	When	Case number		
		Distric		When	Case number		
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
		Debtor			Relationship to you		
		Distric	t	When	Case number, if known		
		Debtor			Relationship to you		
		Distric	<u> </u>	When	Case number, if known		
11.	Do you rent your	■ No. Go to	line 12.				
	residence?		our landlord obtaine	ed an eviction judgment against	vou?		
		res.	No. Go to line 12.	, , ,	,		
					udgment Against You (Form 101A) and file it as	part of	
		Ц	this bankruptcy p		augment real (Form To IA) and the It as	partor	

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Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time business? No. Go to Part 4. Yes. Name and location of business A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Number, Street, City, State & ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))	
12. Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. No. Go to Part 4. Yes. Name and location of business Name of business, if any Name of business, if any Number, Street, City, State & ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))	
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If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Number, Street, City, State & ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))	
 ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) 	
Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))	
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))	
Commodity Broker (as defined in 11 U.S.C. § 101(6))	
□ None of the above	
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor go that it can set app deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the principle of the properties of the court must know whether you are a small business debtor, you must attach your most recent balance sheet, state operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the principle of the properties of the court must know whether you are a small business debtor, you must attach your most recent balance sheet, stated operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the principle of the properties of the court must know whether you are a small business debtor, you must attach your most recent balance sheet, stated operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the principle of the court must know whether you are a small business debtor, you must attach your most recent balance sheet, stated operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the principle of the court must know whether you are a small business debtor, you must attach your most recent balance sheet, stated operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the principle of the court must know whether you are a small business debtor.	ement of
■ No. I am not filing under Chapter 11. For a definition of s <i>mall</i>	
business debtor, see 11 U.S.C. § 101(51D). I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Ban Code.	kruptcy
Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankrupton	cy Code.
Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention	
14. Do you own or have any property that poses or is alleged to pose a threat Yes.	
of imminent and What is the hazard? identifiable hazard to public health or safety?	
Or do you own any property that needs immediate attention? If immediate attention is needed, why is it needed?	
For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs?	
Number, Street, City, State & Zip Code	

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Debtor 1 Eloy M Cruz
Debtor 2 Consuelo Cruz

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-81786 Doc 1 Filed 08/21/18 Entered 08/21/18 13:01:14 Desc Main Document Page 6 of 49

		y M Cruz nsuelo Cruz		Document	Case num	ber (if known)
Part			ons for Re	eporting Purposes		
			16a.	· · · · · · · · · · · · · · · · · · ·	mar dahts? Consumar dahts ara da	efined in 11 U.S.C. § 101(8) as "incurred by an
10.		What kind of debts do you have?	ioa.	individual primarily for a personal,		elliled III 11 0.5.0. § 101(6) as illiculted by all
				☐ No. Go to line 16b.		
				Yes. Go to line 17.		
			16b.		ess debts? Business debts are debent or through the operation of the be	
				☐ No. Go to line 16c.		
				☐ Yes. Go to line 17.		
			16c.	State the type of debts you owe th	at are not consumer debts or busin	ess debts
17.	Are you fi Chapter 7	iling under	□ No.	I am not filing under Chapter 7. Go	o to line 18.	
	after any	u estimate that ny exempt rty is excluded and	Yes.		u estimate that after any exempt prole to distribute to unsecured creditor	operty is excluded and administrative expenses rs?
	administrative expenses are paid that funds will		■ No			
dis	be availal distribution	distribution to unsecured creditors?		☐ Yes		
18.		y Creditors do	1 -49		□ 1,000-5,000	2 5,001-50,000
	you estimate that you owe?	☐ 50-99	_	☐ 5001-10,000 ☐ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000	
			☐ 100-19 ☐ 200-99		10,001-23,000	inore marriod,000
19.	How muc	How much do you	□ \$0 - \$5	50.000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your assets to be worth?	\$50,001 - \$100,000		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion	
				001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
20.	How muc		□ \$0 - \$5	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	to be?	your liabilities	□ \$50,001 - \$100,000 ■ \$100,001 - \$500,000		□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion
				001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Part	7: Sign	Below				
For	you		I have exa	amined this petition, and I declare	under penalty of perjury that the info	ormation provided is true and correct.
						le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.
			If no attor document	ney represents me and I did not pa t, I have obtained and read the not	ay or agree to pay someone who is ice required by 11 U.S.C. § 342(b).	not an attorney to help me fill out this
			I request	relief in accordance with the chapte	er of title 11, United States Code, sp	pecified in this petition.
				cy case can result in fines up to \$25		y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519,
			/s/ Eloy Eloy M (/s/ Consuelo (Consuelo Cru	
				of Debtor 1	Signature of Deb	
			Executed	on August 21, 2018	Executed on A	august 21, 2018
				MM / DD / YYYY		IM / DD / YYYY

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		Document	Page 7 of 49					
Debtor 1 Debtor 2	Eloy M Cruz Consuelo Cruz		Cas	e number (if known)				
•	attorney, if you are ed by one	I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify the second of the control	ed States Code, and have e	explained the relief available under each cha	apter			
If you are not represented be an attorney, you do not need to file this page.		and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect.						
		/s/ Nuhemi Morales Salazar	Date	August 21, 2018				
		Signature of Attorney for Debtor		MM / DD / YYYY				
		Nuhemi Morales Salazar 6288431 Printed name						
		Law Office of Nuhemi Morales Salazar Firm name						
		2400 Big Timber Road, Ste 108 Elgin, IL 60123						
		Number, Street, City, State & ZIP Code						

Email address

Contact phone **847-695-2886**

6288431 IL Bar number & State emi@emimsalazar.com

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		Docume	ent Page 8 of 49	
Fill in this infor	mation to identify your	case:		
Debtor 1	Eloy M Cruz			
	First Name	Middle Name	Last Name	
Debtor 2	Consuelo Cruz			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number _				

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	86,500.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	6,305.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	92,805.00
Par	2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	108,498.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	15,013.0
	Your total liabilities	\$	123,511.07
Par	13: Summarize Your Income and Expenses		
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,292.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,952.00
Par	4: Answer These Questions for Administrative and Statistical Records		
ŝ.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sch	nedules.
	■ Yes		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

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		Documei	nt	Page 9 of 49	
	Eloy M Cruz			9	
Debtor 2	Consuelo Cruz			Case number (if known)	

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 3,278.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tot	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Cas	e 18-8178	6 Doc 1		08/21/18 ument	Entered 08/21/ Page 10 of 49	/18 13:01	:14 De:	sc Ma	in
Filli	n this informa	ation to identify	your case and							
Debt	or 1	Eloy M Cruz								
Dobt	o # 0	First Name		dle Name		Last Name				
Debt (Spou	or Z se, if filing)	Consuelo C First Name		dle Name		Last Name				
Unite	ed States Bank	cruptcy Court for	rthe: NORTHE	RN DISTI	RICT OF ILLIN	IOIS				
Case	number								_	neck if this is an nended filing
Off	icial For	m 106A/E	3							
Sc	hedule	: A/B: P i	roperty							12/15
		ve any legal or ec	_			n or Have an Interest In land, or similar property?				
1.1				What	is the property	? Check all that apply				
-		wood Circle available, or other des	scription		Single-family h Duplex or multi Condominium	i-unit building	the amoun	uct secured cla t of any secured Who Have Clain	d claims o	n Śchedule D:
	Woodstock	IL	60098-0000		Manufactured of Land	or mobile home	Current va			t value of the you own?
-	City	State	ZIP Code		Investment pro	perty	\$8	36,500.00		\$86,500.00
					Timeshare Other tow	nhome				ership interest he entireties, or
				_	has an interest Debtor 1 only	in the property? Check one	a life estat	e), if known. ple		
_	McHenry			_ 🗆	Debtor 2 only					
	County				Debtor 1 and D	Debtor 2 only the debtors and another		c if this is com	munity p	roperty
				Other	information vo	ou wish to add about this i	tem such as lo	cal		

property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$86,500.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Do	btor 1		ase 18- y M Cruz		Doc 1	Filed 08/21/18 Document	Entered 08/ Page 11 of 4	/21/18 13:01:1 9	4 De	esc Main
	btor 2		nsuelo C					Case number (if kno	wn)	
3. (Cars, va	ans, tr	ucks, trac	tors, spor	t utility vehi	icles, motorcycles				
	□No									
ı	Yes									
3.	.1 Mak	e:	Kia			Who has an interest in the	e property? Check one			laims or exemptions. Put ed claims on Schedule D:
	Mod	_	Rio			Debtor 1 only				ims Secured by Property.
	Year	r: _	2009			Debtor 2 only		Current value	of the	Current value of the
			te mileage:		93200	Debtor 1 and Debtor 2 c	=	entire proper	ty?	portion you own?
	_		mation: orking ord	der no c	urrent	At least one of the debto	ors and another			
	issu		riung or	201, 110 0		☐ Check if this is commu	unity property	\$3 ,	250.00	\$3,250.00
						(see instructions)				
_	■ No □ Yes									
						for all of your entries fr			.	\$3,250.00
									ļ	
					ousehold Iten					
Do	you ov	vn or	have any l	egal or ed	quitable inte	rest in any of the follow	ing items?			Current value of the portion you own? Do not deduct secured claims or exemptions.
			oods and fajor appliar			china, kitchenware				
	Yes.	Desc	ribe							
						70.6		1		£4 200 00
				2 bear	oom nouse	e with furnishings				\$1,200.00
	Electror Exampl ■ No □ Yes.	les: Te in	cluding cel			o, stereo, and digital equip dia players, games	oment; computers, pr	rinters, scanners; mus	sic collecti	ions; electronic devices
	Collecti Exampl	<i>les:</i> Ar	itiques and		paintings, po prabilia, colle	rints, or other artwork; boo ectibles	oks, pictures, or othe	er art objects; stamp, o	oin, or ba	seball card collections;
	■ No □ Yes.	Desc	ribe							
		<i>les:</i> Sp	or sports a ports, photo usical instr	graphic, e		other hobby equipment;	bicycles, pool tables,	, golf clubs, skis; cand	oes and ka	ayaks; carpentry tools;
	■ No □ Yes.	Desc	ribe							
	Firearr Examp ■ No		Pistols, rifle	s, shotgun	s, ammunitio	on, and related equipment	t			

Official Form 106A/B Schedule A/B: Property page 2

☐ Yes. Describe.....

Debtor 1	Case 18-81786 Eloy M Cruz		l 08/21/18 cument	Entere Page 12	ed 08/21/18 13:01:1 2 of 49	14 Desc Main	
Debtor 2	Consuelo Cruz				Case number (if kno	nown)	
□ No	oles: Everyday clothes, fur Describe Woma	rs, leather coats, design an and Men clothing ion: 1014 Greenwoo	· I			\$250.	.00
							_
■ No		stume jewelry, engagen	nent rings, wed	ding rings, he	eirloom jewelry, watches, ger	ms, gold, silver	
	rm animals bles: Dogs, cats, birds, ho	rses					
	Describe						
4. Any ot ■ No	her personal and house	hold items you did no	t already list, i	ncluding any	/ health aids you did not li	ist	
☐ Yes.	Give specific information	••••					
	the dollar value of all of art 3. Write that number				or pages you have attached	d \$1,450.00	-
Part 4: De	scribe Your Financial Asset	ts					
Do you ov	vn or have any legal or e	equitable interest in an	y of the follow	ring?		Current value of the portion you own? Do not deduct secure claims or exemptions.	
■ No	oles: Money you have in y				on hand when you file your	petition	
	0. 0.	r other financial accoun ve multiple accounts wi	•			rage houses, and other similar	
□ No ■ Yes			Institution r	name:			
		Savings	Chase Ba Woodsto			\$600	.00
	17.2.	Checking Accoun	t CHase Ba	ank		\$1,005.	.00
	, mutual funds, or public oles: Bond funds, investme		rage firms, mor	ney market ac	ccounts		
		Institution or issuer nar	ne:				
	ublicly traded stock and enture	interests in incorpora	ted and uninc	orporated bu	usinesses, including an int	terest in an LLC, partnership, a	and
	Give specific information Na	about themme of entity:			% of ownership:		

Official Form 106A/B Schedule A/B: Property page 3

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	ebtor 1 ebtor 2	Eloy M Cruz Consuelo Cru	ız	C:	ase number (if known)	
	Negotia Non-ne ■ No	able instruments i gotiable instrume	nclude personal checks, ca ents are those you cannot to	otiable and non-negotiable instruments ishiers' checks, promissory notes, and monansfer to someone by signing or delivering		
	☐ Yes. (Give specific infor	mation about them Issuer name:			
21.		ent or pension a les: Interests in IF		403(b), thrift savings accounts, or other per	nsion or profit-sharing plan	s
	_	ist each account	separately. Type of account:	Institution name:		
22.	Your sh		deposits you have made s	o that you may continue service or use fron , public utilities (electric, gas, water), telecon		or others
				Institution name or individual:		
23.	Annuitio	es (A contract for	a periodic payment of mor	ney to you, either for life or for a number of y	years)	
	☐ Yes	Iss	uer name and description.			
24.			n IRA, in an account in a (29A(b), and 529(b)(1).	qualified ABLE program, or under a qual	ified state tuition progra	m.
	☐ Yes	Ins	titution name and description	on. Separately file the records of any interes	sts.11 U.S.C. § 521(c):	
	■ No	•	rmation about them	other than anything listed in line 1), and	rights or powers exercis	able for your benefit
26.	Patents Example ■ No	, copyrights, tra les: Internet doma	demarks, trade secrets, a	nd other intellectual property eds from royalties and licensing agreement	s	
	License	s, franchises, a	nd other general intangib	les perative association holdings, liquor license	es, professional licenses	
	■ No □ Yes.	Give specific info	rmation about them			
M	oney or p	roperty owed to	you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	unds owed to yo				
	☐ Yes. (Give specific infor	mation about them, includi	ng whether you already filed the returns and	the tax years	
	■ No	les: Past due or lu		support, child support, maintenance, divorc	e settlement, property sett	lement
	⊔ Yes. (Give specific infor	mation			
30.				nents, disability benefits, sick pay, vacation eone else	pay, workers' compensati	ion, Social Security
	□Yes	Give specific info	rmation			

Entered 08/21/18 13:01:14 Case 18-81786 Doc 1 Filed 08/21/18 Desc Main Document Page 14 of 49 Debtor 1 **Eloy M Cruz** Debtor 2 **Consuelo Cruz** Case number (if known) 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue □ No ■ Yes. Describe each claim....... Unknown workmens compensation claim 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim........ 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1,605,00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

■ No

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Debtor 1 Eloy M Cruz
Debtor 2 Consuelo Cruz

Case number (if known)

Der	otor 2	Consuelo Cruz			Case number (if known)	
Par	8:	List the Totals of Each Part of this Form				
55.	Part 1	1: Total real estate, line 2				\$86,500.00
56.	Part 2	2: Total vehicles, line 5		\$3,250.00		
57.	Part 3	3: Total personal and household items, line 15		\$1,450.00		
58.	Part 4	4: Total financial assets, line 36		\$1,605.00		
59.	Part 5	5: Total business-related property, line 45		\$0.00		
60.	Part 6	6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7	7: Total other property not listed, line 54	+	\$0.00		
62.	Total	personal property. Add lines 56 through 61		\$6,305.00	Copy personal property total	\$6,305.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62				\$92,805.00

Official Form 106A/B Schedule A/B: Property page 6

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		8 0 0 0 1110		
Fill in this infor	mation to identify your	case:		
Debtor 1	Eloy M Cruz			
	First Name	Middle Name	Last Name	
Debtor 2	Consuelo Cruz			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this is an
,				amonded filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
2009 Kia Rio 93200 miles good working order, no current	\$3,250.00	•	\$3,250.00	735 ILCS 5/12-1001(c)	
issues Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit		
2 bedroom house with furnishings Line from Schedule A/B: 6.1	\$1,200.00		\$1,200.00	735 ILCS 5/12-1001(b)	
Ellie Holli Genedale AVB. G.T			100% of fair market value, up to any applicable statutory limit		
Woman and Men clothing Location: 1014 Greenwood Circle,	\$250.00		\$250.00	735 ILCS 5/12-1001(a)	
Woodstock IL 60098 Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit		
Savings: Chase Bank Woodstock	\$600.00		\$600.00	735 ILCS 5/12-1001(b)	
Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit		
Checking Account: CHase Bank Line from Schedule A/B: 17.2	\$1,005.00		\$1,005.00	735 ILCS 5/12-1001(b)	
Elle Holli Solloddie 77D. 1112			100% of fair market value, up to any applicable statutory limit		

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_	Consuelo Cruz		Case number (if known)				
	description of the property and line on dedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim Check only one box for each exemption.		Specific laws that allow exemption			
	kmens compensation claim from Schedule A/B: 33.1	Unknown	\$0.00	820 ILCS 305/21			
		☐ 100% of fair market value, up to any applicable statutory limit					
	you claiming a homestead exemption of opect to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covered No	3 years after that for ca		,			

	Case 18-81786		entered ae 18 a	08/21/18 13:0 of 49)1:14 Desc N 	⁄lain
Fill in this	information to identify you	ır case:				
Debtor 1	Eloy M Cruz					
	First Name	Middle Name Last	Name			
Debtor 2	Consuelo Cruz					
(Spouse if, filin	g) First Name	Middle Name Last	Name			
United Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS	S			
Case numb	per					
(if known)					☐ Check	if this is an
					amend	ded filing
o	- 4005					
Official I	Form 106D					
Sched	ule D: Creditors	Who Have Claims Sec	cured	by Property	/	12/15
	opy the Additional Page, fill it o	If two married people are filing together, bo out, number the entries, and attach it to this				
1. Do any cre	editors have claims secured by	your property?				
□ No.	Check this box and submit the	his form to the court with your other sche	dules. You	have nothing else to	report on this form.	
_		·	uu.ooou	naro non mig oloo k	roport on time rouni	
	. Fill in all of the information	below.				
Part 1:	List All Secured Claims			0.1	0.4	
		more than one secured claim, list the creditor s		Column A	Column B	Column C
		a particular claim, list the other creditors in Pa cal order according to the creditor's name.	art 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
				value of collateral.	claim	If any
	ncare Servicing Ctr	Describe the property that secures the cla		\$108,498.00	\$86,500.00	\$21,998.00
Credito	i S indille	IL 60098 McHenry County	ock,			
2627	Sentara Way	As of the date you file, the claim is: Check :	all that			
	nia Beach, VA 23452	apply.				
	r, Street, City, State & Zip Code	☐ Contingent☐ Unliquidated				
rambo	i, otroot, ony, otate a zip oodo	☐ Disputed				
Who owes	the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1		☐ An agreement you made (such as mortga	age or secur	ed		
Debtor 2	•	car loan)	g			
_	and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic	's lian)			
	one of the debtors and another	☐ Judgment lien from a lawsuit	3 11611)			
_	this claim relates to a	☐ Other (including a right to offset)				
	nity debt	5.3167 (modeling a right to offset)				
	Opened					
	12/12 Last					
	Active					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$108,498.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$108,498.00

Last 4 digits of account number

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

4181

Date debt was incurred 6/15/18

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	000 10 01100	Document	Page 1	9 of 49	14 DCSO Main	
Fill in this info	rmation to identify your		1 440 ±			
Debtor 1	Eloy M Cruz					
Debtor 1	First Name	Middle Name	Last Name			
Debtor 2	Consuelo Cruz					
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS			
Case number						
(if known)					☐ Check if this i	s an
					amended filin	g
Official Fo	rm 106E/F					
		ho Have Unsecured	Claims		12	/15
		e Part 1 for creditors with PRIORIT		Part 2 for araditors with NON		
name and case n	ontinuation Page to this pag umber (if known). All of Your PRIORITY Un	e. If you have no information to repassecured Claims	ort in a Part, (uo not file that Part. On the t	pp or any additional pages,	write your
 Do any cred 	itors have priority unsecure	d claims against you?				
No. Go to	Part 2.					
☐ Yes.						
Part 2: List	All of Your NONPRIORIT	Y Unsecured Claims				
3. Do any cred	itors have nonpriority unsec	cured claims against you?				
☐ No. You I	nave nothing to report in this p	art. Submit this form to the court with	your other sche	edules.		
Yes.						
unsecured cl	aim, list the creditor separately	aims in the alphabetical order of the y for each claim. For each claim listed, ist the other creditors in Part 3.If you h	identify what t	type of claim it is. Do not list cla	ims already included in Part	1. If more
					Total claim	
4.1 Cente	gra Physician Care	Last 4 digits of acco	ount number	1515		\$366.00
•	rity Creditor's Name					
	ox 650292 s, TX 75265	When was the debt	incurred?	2017		
	Street City State ZIp Code	As of the date you f	ile, the claim i	is: Check all that apply		
Who in	curred the debt? Check one.	-		,		
☐ Deb	tor 1 only	☐ Contingent				
☐ Deb	tor 2 only	☐ Unliquidated				
■ Deb	tor 1 and Debtor 2 only	☐ Disputed				
☐ At le	ast one of the debtors and and	- '	ITY unsecured	d claim:		
	ck if this claim is for a comr	По				
debt		☐ Obligations arisin		aration agreement or divorce th	at you did not	
	laim subject to offset?	report as priority clair				
■ No		•	•	g plans, and other similar debt	5	
☐ Yes		Other Specify	nedical			

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	2 Consuelo Cruz		Case number (if know)						
4.2	Dsnb Macys Nonpriority Creditor's Name	Last 4 digits of account number	9667	\$147.00					
	Po Box 8218 Mason, OH 45040	When was the debt incurred?	Opened 05/18 Last Active 6/22/18						
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i							
	☐ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts						
	Yes	Other. Specify Charge Acc	count						
4.3	Harris	Last 4 digits of account number	5756	\$442.00					
	Nonpriority Creditor's Name 111 West Jackson Boulevard Chicago, IL 60604	When was the debt incurred?	Opened 10/05/17						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharin	Debts to pension or profit-sharing plans, and other similar debts						
	Yes	Other. Specify Centegra H	ealth Systems						
4.4	Harris	Last 4 digits of account number	9377	\$363.00					
	Nonpriority Creditor's Name 111 West Jackson Boulevard Chicago, IL 60604	When was the debt incurred?	Opened 1/30/15						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	Debtor 1 only	Пол							
		☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	Disputed	Lolaim						
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	i Ciaiiii.						
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sepa							
	No	Debts to pension or profit-sharin	g plans, and other similar debts						
	□ Yes	■ Other. Specify Centegra Health Systems							
	□ res	Other. Specify							

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	2 Consuelo Cruz		Case number (if know)								
4.5	Harris	Last 4 digits of account number	4543	\$255.00							
	Nonpriority Creditor's Name 111 West Jackson Boulevard Chicago, IL 60604	When was the debt incurred?	Opened 2/01/17								
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply								
	Who incurred the debt? Check one.										
	Debtor 1 only	☐ Contingent									
	Debtor 2 only	☐ Unliquidated									
	☐ Debtor 1 and Debtor 2 only	☐ Disputed									
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:								
	☐ Check if this claim is for a community	☐ Student loans									
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not								
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts								
	Yes	Other. Specify Mercy HIth	System Physician								
4.6	Harris	Last 4 digits of account number	4571	\$100.00							
	Nonpriority Creditor's Name 111 West Jackson Boulevard Chicago, IL 60604	When was the debt incurred?	Opened 2/01/17								
	Number Street City State Zlp Code As of the date you file, the claim is		s: Check all that apply								
	Who incurred the debt? Check one.										
	Debtor 1 only	☐ Contingent									
	Debtor 2 only	☐ Unliquidated	☐ Unliquidated								
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	☐ Disputed								
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:									
	☐ Check if this claim is for a community	☐ Student loans									
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims									
	Is the claim subject to offset?										
	No No	·	Debts to pension or profit-sharing plans, and other similar debts								
	☐ Yes	■ Other. Specify Mercy HIth System Physician									
4.7	Harris	Last 4 digits of account number	3262	\$59.00							
	Nonpriority Creditor's Name 111 West Jackson Boulevard Chicago, IL 60604	When was the debt incurred?	Opened 11/16/17								
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply								
	Who incurred the debt? Check one.										
	Debtor 1 only	☐ Contingent									
	■ Debtor 2 only	☐ Unliquidated									
	☐ Debtor 1 and Debtor 2 only	☐ Disputed									
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:								
	☐ Check if this claim is for a community	☐ Student loans									
	debt		ration agreement or divorce that you did not								
	Is the claim subject to offset?	report as priority claims	and an and albertains to the								
	■ No	Debts to pension or profit-sharin									
	Yes	■ Other. Specify Mercy HIth	Hith System Physician								

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2 Consuelo Cruz		Case number (if know)	
Kohls/capone	Last 4 digits of account number	9524	\$2,288
Nonpriority Creditor's Name N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	When was the debt incurred?	Opened 10/13 Last Active 6/13/18	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
☐ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Kohls/capone	Last 4 digits of account number	7574	\$198
Nonpriority Creditor's Name		Opened 08/10 Last Active	
N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	When was the debt incurred?	6/13/18	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Mercy Health Systems	Last 4 digits of account number	2184	\$96
Nonpriority Creditor's Name PO Box 5003	When was the debt incurred?	2017	
Janesville, WI 53547 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.	,		
☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
■ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	a plane, and other similar debte	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify medical		

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Mercy Health Systems	Last 4 digits of account number	8888	\$2,094.3				
Nonpriority Creditor's Name PO Box 5003 Janesville, WI 53547	When was the debt incurred?	2017					
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply						
Who incurred the debt? Check one.	• ,	11,7					
Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
☐ Check if this claim is for a community	☐ Student loans						
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
No No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts					
□ Yes	Other Specify medical						
Receivables Mgmt Partn	Last 4 digits of account number	2245	\$238.0				
Nonpriority Creditor's Name	_						
2250 E Devon Ave Ste 352	When was the debt incurred?	Opened 08/17					
Des Plaines, IL 60018 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
Who incurred the debt? Check one.	,,						
Debtor 1 only	☐ Contingent						
☐ Debtor 2 only	☐ Unliquidated						
☐ Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
☐ Check if this claim is for a community	☐ Student loans						
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
No	Debts to pension or profit-sharing						
□Yes	Collection Other Specify Anesthesia	Attorney Town Square					
2			40.400.0				
Sears/cbna Nonpriority Creditor's Name	Last 4 digits of account number	3800	\$3,162.0				
Po Box 6283	When was the debt incurred?	Opened 03/15 Last Active 5/01/18					
Sioux Falls, SD 57117 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
Who incurred the debt? Check one.	is a made you may me olumn	SS.K dil tilat apply					
Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
☐ Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
☐ Check if this claim is for a community	Student loans						
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
No	Debts to pension or profit-sharing	ng plans, and other similar debts					
☐ Yes	■ Other. Specify Credit Card	1					

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Debte	or 2 Consuelo Cruz		Case number (if know)					
4.1 4	Sears/cbna	Last 4 digits of account number	3214	\$3,119.00				
	Nonpriority Creditor's Name Po Box 6283 Sioux Falls, SD 57117	When was the debt incurred?	Opened 03/15 Last Active 5/01/18					
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply					
	Who incurred the debt? Check one.	,						
	Debtor 1 only	☐ Contingent						
	■ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	□ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes	Other. Specify Credit Card	<u> </u>					
4.1 5	Syncb/amer Eagle Nonpriority Creditor's Name	Last 4 digits of account number	0490	\$71.00				
	Po Box 965005 Orlando, FL 32896	When was the debt incurred?	When was the debt incurred? Opened 06/14 Last Active 6/24/18					
	Number Street City State Zlp Code Who incurred the debt? Check one.	s: Check all that apply						
	☐ Debtor 1 only ☐ Contingent							
	■ Debtor 2 only							
	☐ Debtor 1 and Debtor 2 only							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	No	Debts to pension or profit-sharin						
	Yes	Other. Specify Charge Acc	count					
4.1 6	Syncb/jcp Nonpriority Creditor's Name	Last 4 digits of account number	1338	\$771.00				
	Po Box 965007 Orlando, FL 32896	When was the debt incurred?	Opened 03/15 Last Active 5/02/18					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims						
	■ No	Debts to pension or profit-sharin	= :					
	Yes	Other. Specify Charge Acc	count					

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Consuelo Cruz		Case number (if know)				
Syncb/tjx Cos	Last 4 digits of account number	4824	\$3			
Nonpriority Creditor's Name	_					
Po Box 965015 Orlando, FL 32896	When was the debt incurred?	Opened 10/15 Last Active 5/30/18				
Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply				
Who incurred the debt? Check one.						
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
No	Debts to pension or profit-sharing	g plans, and other similar debts				
☐ Yes	■ Other. Specify Charge Acc	count				

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	6f.	Student loans	6f.	Total Claim
Total	OI.	Student loans	OI.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	• • • •	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 15,013.07
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 15,013.07

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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		Docume	<u> 1 446 20 01 43 </u>	
Fill in this infor	mation to identify your	case:		
Debtor 1	Eloy M Cruz			
	First Name	Middle Name	Last Name	
Debtor 2	Consuelo Cruz			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit Name, Numb	h whom you have the co er, Street, City, State and ZIP Coc	ontract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
2.0	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

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		Docume	ent Page 27 o	of 49	
Fill in this	information to identify your	case:			
Debtor 1	Eloy M Cruz				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ng) Consuelo Cruz	Middle Name	Last Name		
	ates Bankruptcy Court for the:	NORTHERN DISTRICT			
•					
Case num (if known)	per			☐ Check if this is an amended filing	
Officia	l Form 106H				
	lule H: Your Cod	lebtors		12/1	5
ill it out, a our name		e boxes on the left. Attac). Answer every question	h the Additional Page to n.	tion. If more space is needed, copy the Additional Pa to this page. On the top of any Additional Pages, write as a codebtor.	
■ No					
☐ Yes	3				
	hin the last 8 years, have yo na, California, Idaho, Louisiana			ry? (Community property states and territories include ington, and Wisconsin.)	
	Go to line 3. S. Did your spouse, former spo	ouse, or legal equivalent liv	e with you at the time?		
in line Form	2 again as a codebtor only	if that person is a guarar	ntor or cosigner. Make s	r if your spouse is filing with you. List the person she sure you have listed the creditor on Schedule D (Off 06G). Use Schedule D, Schedule E/F, or Schedule G t	icial
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The creditor to whom you owe the de Check all schedules that apply:	ebt
3.1				☐ Schedule D, line	
[0.1]	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street City	State	ZIP Code	_	
3.2	Name			□ Schedule D, line □ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		

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						_				
Fill	in this information to identify you	case:								
Deb	otor 1 Eloy M Cr	uz								
	otor 2 Consuelo cuse, if filing)	Cruz			_					
Uni	ted States Bankruptcy Court for t	he: NORTHERN DISTRIC	CT OF ILLINOIS		_					
(If kn	fficial Form 106l					☐ A su 13 ii	amended upplemer ncome as	nt showing s of the fo	g postpetition ollowing date:	
	chedule I: Your In					MM	/ DD/ YY	YY		12/1
spo	plying correct information. If you are separated and you are separated and you a separate sheet to this form t 1: Describe Employment	our spouse is not filing wi n. On the top of any additi	ith you, do not inclu onal pages, write yo	ıde infor	mati	on about you dicase num	our spou	use. If mo	ore space is nswer every	needed,
••	information.		Debtor 1			D	ebtor 2	or non-fil	ling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed				■ Employ □ Not em			
	employers.	Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include studer or homemaker, if it applies.	t Employer's address								
		How long employed the	here?							
Par	Give Details About M	onthly Income								
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to ι	report for	any	line, write \$	0 in the s	space. Inc	lude your no	n-filing
•	u or your non-filing spouse have e space, attach a separate sheet		ombine the information	on for all e	empl	oyers for tha	at person	on the lir	nes below. If	you need
						For Debto	or 1		otor 2 or ng spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$		0.00	\$	0.00	-
3.	Estimate and list monthly over	ertime pay.		3.	+\$		0.00	+\$	0.00	-
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	0	.00	\$	0.00	

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	tor 1 tor 2	Eloy M Cruz Consuelo Cruz	_	Cas	e number (<i>if known</i>)				
					or Debtor 1	non	Debtor 2 or	se	
	Cop	by line 4 here	4.	\$_	0.00	\$_	0.	.00	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0	.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	* * -		.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$_		.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$.00	
	5e.	Insurance	5e.	\$	0.00	\$	0	.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$_	0	.00	
	5g.	Union dues	5g.	\$	0.00	\$	0	.00	
	5h.	Other deductions. Specify:	5h.+	- \$	0.00	+ \$	0.	.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0	.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$_	O	.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.0	¢.	0.00	¢		00	
	8b.	monthly net income. Interest and dividends	8a. 8b.	\$ \$	0.00	* *		<u>.00</u> .00	
	8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$_ \$	0.00	, Ψ_ \$.00	
	8d.	Unemployment compensation	8d.	\$	0.00	* * <u>*</u>		.00	
	8e.	Social Security	8e.	\$	1,292.00	* * -		.00	
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income		\$ \$	0.00 0.00 0.00	\$ \$	0.	.00 .00 .00	
	OII.	Other monthly income. Specify:		- Ψ ₋	0.00	ΤΨ_	U.	.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,292.00	\$_		0.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		4 202 00 . \$		0.00 = \$	4 201	
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. ψ		1,292.00 + \$		0.00 = \$	1,292	
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no scify:	ır depen		•		Schedule J. 11. +\$	(0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certallies					12. \$_	1,292	2.00
12	Do	you expect an increase or decrease within the year after you file this forr	m?					nbined nthly incor	me
10.		No. Yes Explain:							

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Fill	in this informa	ition to identify yo	our case:							
	otor 1	Eloy M Cruz				Che	ck if this is:			
	ACT 1	Eloy W Cruz				Check it this is: ☐ An amended filing				
	otor 2	Consuelo Ci	ruz				A supplement show 13 expenses as of	ving postpetition chapter		
(Spo	ouse, if filing)						To expenses as of			
Unit	ed States Bankı	ruptcy Court for the	: NORTH	IERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY			
Case number(If known)										
O	fficial Fo	orm 106J				l				
S	chedule	J: Your	Exper	ises				12/1		
Be info nur	as complete a ormation. If m mber (if know	and accurate as lore space is ne n). Answer eve	s possible. eded, atta ry question	If two married people arch another sheet to this						
Par 1.	t 1: Descr Is this a joir	ribe Your House	ehold							
	□ No. Go to									
	Yes. Doe	es Debtor 2 live	in a separ	ate household?						
	■ N □ Y		st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.			
2.	Do you have	e dependents?	■ No							
۷.	Do not list D Debtor 2.	-	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?		
	Do not state	the						□ No		
	dependents							□Yes		
								□ No		
								☐ Yes ☐ No		
								☐ Yes		
								□ No		
3.	Do vour ovr	oenses include	_					☐ Yes		
Э.	expenses o	f people other t d your depende	:han _	No Yes						
Est	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp						
the		h assistance an		government assistance it sluded it on Schedule I: Y			Your exp	enses		
,	-	,								
4.		or home owners and any rent for th		ses for your residence. In r lot.	nclude first mortgage	e 4. :	\$	719.00		
	If not include	led in line 4:								
	4a. Real e	estate taxes				4a.	\$	0.00		
		rty, homeowner's				4b.	:	0.00		
		maintenance, recowner's associa		ipkeep expenses		4c.		60.00		
5.				oominium dues o ur residence, such as hoi	me equity loans	4d. 5.	·	130.00 0.00		

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Debtor 1		Eloy M C						
Debtor 2	2 <u>C</u>	Consuelo	lo Cruz		Case number (if known)			
. Uti	lities	e ·						
. 6a.			heat, natural gas	6a.	\$	150.00		
6b.		-	wer, garbage collection	6b.	\$	35.00		
6c.			e, cell phone, Internet, satellite, and cable services	6c.	\$	93.00		
6d.		Other. Spe		6d.	·	0.00		
Fo			ekeeping supplies	7.	\$	400.00		
			hildren's education costs	8.	\$	0.00		
Clo	othin	ng. laundi	ry, and dry cleaning	9.	\$	40.00		
		•	roducts and services	10.	\$	20.00		
		•	ntal expenses	11.	· :	100.00		
			Include gas, maintenance, bus or train fare.			100.00		
			ar payments.	12.	\$	120.00		
			clubs, recreation, newspapers, magazines, and books	13.	\$	0.00		
			ributions and religious donations	14.	\$	0.00		
Ins	urar	nce.	-					
Do	not i	include in	surance deducted from your pay or included in lines 4 or 20.					
15	a. L	ife insura	nce	15a.	·	0.00		
15l	o. ⊢	Health insu	urance	15b.	\$	0.00		
150	c. V	ehicle ins	surance	15c.	\$	85.00		
150	d. C	Other insu	rance. Specify:	15d.	\$	0.00		
Tax	xes.	Do not in	clude taxes deducted from your pay or included in lines 4 or 2	0.				
	ecify			16.	\$	0.00		
			ease payments:		_			
			ents for Vehicle 1	17a.	·	0.00		
			ents for Vehicle 2	17b.		0.00		
		Other. Spe		17c.	·	0.00		
		Other. Spe	·	17d.	\$	0.00		
			of alimony, maintenance, and support that you did not re		\$	0.00		
			your pay on line 5, Schedule I, Your Income (Official Form	106I). 10.	\$			
	_	-	s you make to support others who do not live with you.	19.	Φ	0.00		
	ecify		erty expenses not included in lines 4 or 5 of this form or o		ur Incomo			
			erty expenses not included in lines 4 or 5 of this form or c s on other property	20a.		0.00		
		Real estate		20b.		0.00		
			nomeowner's, or renter's insurance	20c.	·	0.00		
				20d.	·			
			ice, repair, and upkeep expenses er's association or condominium dues	20d. 20e.	·	0.00		
			ers association or condominium dues		·	0.00		
Otl	ner:	Specify:		21.	+\$	0.00		
Ca	Icula	ate your r	monthly expenses					
		-	through 21.		\$	1.952.00		
22l	o. Co	opy line 22	2 (monthly expenses for Debtor 2), if any, from Official Form 1	06J-2	\$.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			a and 22b. The result is your monthly expenses.		\$	1,952.00		
220	J. 7 (G	ad IIIIO ZZC	a una 225. The result to your monthly expenses.		_	1,932.00		
			monthly net income.					
238	a. C	Copy line '	12 (your combined monthly income) from Schedule I.	23a.	\$	1,292.00		
23l	23b. Copy your monthly expenses from line 22c above.				-\$	1,952.00		
00	. ~	No. do Con	and the same and t					
230		•	our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	-660.00		
Р			an increase or decrease in view armana with her the con-	aftan was fila di la	form?			
			an increase or decrease in your expenses within the year ou expect to finish paying for your car loan within the year or do you exp			se or decrease because of a		
			terms of your mortgage?	occi your mongage	payment to increas	oo oi deolease because oi d		
_	No.		, 					
		1	Explain here:					
ш	Yes.		LAPIGIII HEIE.					

Fill in this infor	mation to identify your	case:			
Debtor 1	Eloy M Cruz				
	First Name	Middle Name	Last Name		
Debtor 2	Consuelo Cruz				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)				☐ Check if t	
				amended	filing
Official For	m 106Dec				
		n Individual	Debtor's Sched	عمار	12/15
Dediaia	tion About t	- IIIaiviaaai	Debter 3 certear		12/15
ears, or both. 1	í8 U.S.C. §§ 152, 1341, 1 In Below		ruptcy case can result in fines u	, , , , , , , , , , , , , , , , , , , ,	
Did you pa	ay or agree to pay some	one who is NOT an attorn	ney to help you fill out bankrupto	cy forms?	
■ No					
□ Yes.	Name of person			Attach Bankruptcy Petition Prep	arer's Notice
				Declaration, and Signature (Office	
	alty of perjury, I declare re true and correct.	that I have read the sumr	nary and schedules filed with th	is declaration and	
X /s/ Elo	y M Cruz		X /s/ Consuelo Cruz		
Eloy N			Consuelo Cruz		
Signatu	ire of Debtor 1		Signature of Debtor 2		
Date	August 21, 2018		Date August 21. 2	2018	

Fill i	n this inforn	nation to identify you	r case:							
Deb	tor 1	Eloy M Cruz								
		First Name	Middle Name	Last Name						
Debt (Spou	tor 2 se if, filing)	Consuelo Cruz	Middle Name	Last Name						
Unite	ed States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS						
Case (if kno	e number _				_	Check if this is an amended filing				
	icial Fo		Affairs for Indivi	duals Filing for B	ankruptcy	4/10				
infor numl	mation. If moer (if know)	ore space is needed, n). Answer every ques	attach a separate sheet to stion.	this form. On the top of an	equally responsible for sup y additional pages, write you					
Part		r current marital statu	irital Status and Where You	I Lived Before						
	_	ourront maritar otate								
	■ Married □ Not mar	ried								
2.	During the la	g the last 3 years, have you lived anywhere other than where you live now?								
	■ No □ Yes. Lis	t all of the places you I	ived in the last 3 years. Do n	ot include where you live nov	ı.					
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there				
					ity property state or territor ico, Texas, Washington and V					
	■ No □ Yes. Ma	ike sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).						
Part	2 Explai	n the Sources of You	r Income							
	Fill in the tota	al amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including parter together, list it only once ur		ndar years?				
	□ No	Configuration 95								
	Yes. Fill	in the details.								
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$10,336.00	■ Wages, commissions, bonuses, tips	\$19,100.00				
			☐ Operating a business		☐ Operating a business					

Official Form 107

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Debtor 2 Consuelo Cruz						Ca	Case number (if known)					
				Debtor 1				De	ebtor 2			
				Sources of i Check all tha			s income e deductions and ions)	Sc	ources of inc neck all that a		Gross income (before deductions and exclusions)	
	For last calendar year: (January 1 to December 31, 2017)			■ Wages, commissions, bonuses, tips \$496,190.00			■ Wages, commissions, bonuses, tips		\$0.00			
				☐ Operating	a business				Operating a	business		
		dar year bef December 3		■ Wages, co			\$37,819.00	_	Wages, com	missions,	\$0.00	
				☐ Operating	a business				Operating a	business		
	■ No	source and th	-	me from each	source separa	tely. Do n	ot include income	e that y	ou listed in lir	e 4.		
	☐ Yes.	Fill in the det	ails.									
				Debtor 1				De	ebtor 2			
				Sources of in Describe belo		each	s income from source e deductions and ions)	De	ources of inc escribe below		Gross income (before deductions and exclusions)	
Pa	rt 3: List	Certain Pay	ments You	Made Before	You Filed for I	Bankrup	tcy					
).	Are either ☐ No.	Neither De individual p During the 9 No. Yes	btor 1 nor D rimarily for a 90 days befo Go to line 7. List below e paid that cre not include	ebtor 2 has pi personal, fami re you filed for ach creditor to editor. Do not in payments to an	bankruptcy, di bankruptcy, di whom you pai nclude paymer n attorney for th	umer deb Id purpos d you pay id a total onts for dor his bankro	e." / any creditor a to of \$6,425* or more mestic support ob	otal of \$ e in one oligation	6,425* or mo e or more pay s, such as ch	re? ments and the	1(8) as "incurred by an ne total amount you nd alimony. Also, do	
Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?												
		■ No.	Go to line 7.									
		□ Yes	include payı		estic support of		of \$600 or more a s, such as child su				creditor. Do not nclude payments to an	
	Creditor'	s Name and	Address	Da	ates of payme	ent	Total amount	Ar	nount you	Was this p	payment for	
							paid		still owe			

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Debtor 1 Eloy M Cruz

Del	btor 2 Consuelo Cruz		Cas	e number (if known)						
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.									
	■ No□ Yes. List all payments to an insider.									
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment				
8.	Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co		ments or transfer a	ny property on a	ccount of a del	bt that benefited an				
	No									
	Yes. List all payments to an insider Insider's Name and Address	Dates of payment	Total amount	Amount you						
			paid	still owe	include credit	ors name				
Pai	rt 4: Identify Legal Actions, Repossession	ons, and Foreclosures								
9.	Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes. No Yes. Fill in the details.		s, divorces, collectio							
	Case title Case number	Nature of the case	Court or agency		Status of the case					
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.	ow.	erty repossessed, f		hed, attached,					
	Creditor Name and Address	Describe the Property Explain what happene	Explain what happened			Value of the property				
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment be No Yes. Fill in the details.	uptcy, did any creditor, inc		ancial institution	ı, set off any ar	mounts from your				
	Creditor Name and Address	Describe the action the	e creditor took	Date taker	action was	Amount				
12.	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or ■ No □ Yes		erty in the possessi	on of an assigne	e for the benef	it of creditors, a				
Pai	rt 5: List Certain Gifts and Contributions	S								
13.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. Ciffo with a total value of more than \$500.					Value				
	Gifts with a total value of more than \$600 per person	Describe the gifts		the g	s you gave ifts	Value				
	Person to Whom You Gave the Gift and Address:									

Case 18-81786 Doc 1 Filed 08/21/18 Entered 08/21/18 13:01:14 Desc Main Page 36 of 49 Document Debtor 1 **Eloy M Cruz** Debtor 2 Consuelo Cruz Case number (if known) 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Law Office of Nuhemi Morales Salazar **Attorney Fees** 7/17/2018 \$1,250.00 2400 Big Timber Road, Ste 108 Elgin, IL 60123 emi@emimsalazar.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο п Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of payment Address transferred or transfer was made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Yes. Fill in the details. Person Who Received Transfer

Describe any property or

П

Address

Description and value of

property transferred

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Debtor 1 Eloy M Cruz
Debtor 2 Consuelo Cruz

Case number (if known)

19.	beneficiary? (These are often called asset-prote		y property to a	i seit-settie	ed trust or similar device	or which you are a
	☐ Yes. Fill in the details.					
	Name of trust	Description and v	alue of the pro	perty trans	sferred	Date Transfer was made
Pa	rt 8: List of Certain Financial Accounts, Instr	uments, Safe Deposit	Boxes, and S	torage Uni	ts	
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associated No	other financial accour	nts; certificate:	s of deposi		
	Yes. Fill in the details.					
		ast 4 digits of account number	Type of accoinstrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables?	ar before you filed for	bankruptcy, a	ny safe de	posit box or other depos	sitory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit or	place other than your	home within 1	year befo	re you filed for bankrupt	cy?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
Pa	rt 9: Identify Property You Hold or Control fo	r Someone Else				
23.	Do you hold or control any property that some for someone.	eone else owns? Inclu	ude any propei	rty you bor	rowed from, are storing	for, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value
Pa	rt 10: Give Details About Environmental Inform	nation				
For	the purpose of Part 10, the following definition	s apply:				
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.					
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.					
	Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or		as a hazardous	s waste, ha	zardous substance, toxi	c substance,

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Eloy M Cruz
Debtor 2 Consuelo Cruz

Case number (if known)

24.	Has any governmental unit notified you that y —	ou may be liable or potentially liable ι	under or in violation of an environme	ental law?			
	No						
	Yes. Fill in the details.			5			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of a	ny release of hazardous material?					
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or admi	nistrative proceeding under any enviro	onmental law? Include settlements a	nd orders.			
	No						
	Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Par	11: Give Details About Your Business or Co	onnections to Any Business					
27.	Within 4 years before you filed for bankruptcy			business?			
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
	☐ A partner in a partnership						
	☐ An officer, director, or managing executive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation						
	No. None of the above applies. Go to Part 12.						
	☐ Yes. Check all that apply above and fill in	n the details below for each business.					
		Describe the nature of the business	Employer Identification number				
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security in Dates business existed	number or ITIN.			
28.	Within 2 years before you filed for bankruptcy institutions, creditors, or other parties.	/, did you give a financial statement to	anyone about your business? Inclu	de all financial			
	■ No □ Yes. Fill in the details below.						
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued					

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Debtor 1	Eloy M Cruz		· ·	
Debtor 2	Consuelo Cruz		Case number (if known)	
Part 12:	Sign Below			
are true a with a baı	nd correct. I understand that	making a false statement nes up to \$250,000, or imp	nd any attachments, and I declare under penalty of perjury that the concealing property, or obtaining money or property by fraud in orisonment for up to 20 years, or both.	
/s/ Eloy	M Cruz	/s/ Co	nsuelo Cruz	
Eloy M	Cruz	Cons	uelo Cruz	
Signatur	e of Debtor 1	Signat	ture of Debtor 2	
Date A	ugust 21, 2018	Date	August 21, 2018	
Did you a	ttach additional pages to <i>Yoເ</i>	ur Statement of Financial	Affairs for Individuals Filing for Bankruptcy (Official Form 107)?	
■ No □ Yes				
■ No		-	help you fill out bankruptcy forms?	
	ame of Person Attach t	ne Bankruptcy Petition Prej	parer's Notice, Declaration, and Signature (Official Form 119).	

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Fill in this inform	mation to identify your	case:			
Debtor 1	Eloy M Cruz				
	First Name	Middle Name	Last Name		
Debtor 2	Consuelo Cruz				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS		
Case number					
(if known)					Check if this is an amended filing
			/iduals Filing Under C	Chapter 7	12/15
	e claims secured by yo		ii out this form ii.		
you have least	sed personal property a s form with the court w ever is earlier, unless th	nd the lease has r	not expired. you file your bankruptcy petition or by the lime for cause. You must also send co		
	eople are filing togethen nd date the form.	r in a joint case, bo	oth are equally responsible for supplying	g correct informatio	n. Both debtors must
	and accurate as possib our name and case nur		s needed, attach a separate sheet to this	s form. On the top o	f any additional pages,
Part 1: List Yo	our Creditors Who Have	e Secured Claims			
	-	art 1 of Schedule [): Creditors Who Have Claims Secured b	by Property (Official	Form 106D), fill in the
Identify the cr	editor and the property t	hat is collateral	What do you intend to do with the prosecures a debt?		d you claim the property exempt on Schedule C?
Creditor's L name:	oancare Servicing C	tr	☐ Surrender the property.☐ Retain the property and redeem it.		No
•	1014 Greenwood (Retain the property and enter into a Reaffirmation Agreement.	•	Yes
property securing debt:	Woodstock, IL 600 County	эв мснепгу	☐ Retain the property and [explain]:		
Part 2: List Yo	our Unexpired Persona	I Proporty I oasos			
For any unexpire in the information	ed personal property le on below. Do not list rea	ase that you listed Il estate leases. Ur	in Schedule G: Executory Contracts an nexpired leases are leases that are still in the trustee does not assume it. 11 U.S.C	in effect; the lease p	
Describe your u	nexpired personal pro	perty leases		Will the	lease be assumed?
Laggarie					
Lessor's name: Description of lea	ased			□ No	
Property:				□ Yes	
Lessor's name: Description of lea	hase			□ No	
Property:	2000			☐ Yes	
Lessor's name:					
Official Form 108		Statement of Ir	ntention for Individuals Filing Under Cha	apter 7	page 1

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Debtor 1 Eloy M Cruz Debtor 2 Consuelo Cruz	Case number (if known)
Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention property that is subject to an unexpired lease.	about any property of my estate that secures a debt and any personal
X /s/ Eloy M Cruz Eloy M Cruz Signature of Debtor 1	X /s/ Consuelo Cruz Consuelo Cruz Signature of Debtor 2
Date August 21, 2018	DateAugust 21, 2018

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-81786 Doc 1 Filed 08/21/18 Entered 08/21/18 13:01:14 Desc Main Document Page 46 of 49

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In	Eloy M Cruz re Consuelo Cruz		Case No.	
111	Consuelo Cruz	Debtor(s)	Chapter	7
	DISCLOSURE OF COMPEN	SATION OF ATTO	RNEY FOR D	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of), I certify that I am the attor of the petition in bankruptcy	rney for the above na	med debtor(s) and that d to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,500.00
	Prior to the filing of this statement I have received			1,500.00
	Balance Due			0.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compen	nsation with any other persor	n unless they are mer	nbers and associates of my law firm
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name			
5.	In return for the above-disclosed fee, I have agreed to rend	der legal service for all aspec	ets of the bankruptcy	case, including:
	 a. Analysis of the debtor's financial situation, and rendering b. Preparation and filing of any petition, schedules, stateric. Representation of the debtor at the meeting of creditors d. [Other provisions as needed] Negotiations with secured creditors to recreaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on house 	nent of affairs and plan whice s and confirmation hearing, a duce to market value; ex s as needed; preparation	h may be required; and any adjourned he cemption planning	arings thereof;
6.	By agreement with the debtor(s), the above-disclosed fee of Representation of the debtors in any disc any other adversary proceeding.			ces, relief from stay actions or
		CERTIFICATION		
thi	I certify that the foregoing is a complete statement of any s bankruptcy proceeding.	agreement or arrangement fo	or payment to me for	representation of the debtor(s) in
	August 21, 2018	/s/ Nuhemi Mora	les Salazar	
	Date	Nuhemi Morales Signature of Attorn	Salazar 6288431	
			ey ıhemi Morales Sa	azar
		2400 Big Timber	Road, Ste 108	
		Elgin, IL 60123 847-695-2886 F	ax: 847-278-541	
		emi@emimsalaz		
		Name of law firm		

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United States Bankruptcy Court Northern District of Illinois

In re	Eloy M Cruz Consuelo Cruz		Case No.	
		Debtor(s)	Chapter	7
	VE	RIFICATION OF CREDITOR MA	ATRIX	
		Number of C	Creditors:	18
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of creditor	ors is true and	correct to the best of my
Date:	August 21, 2018	/s/ Eloy M Cruz Eloy M Cruz Signature of Debtor		
Date:	August 21, 2018	/s/ Consuelo Cruz Consuelo Cruz		
		Signature of Debtor		

Centegra Physician Care PO Box 650292 Dallas, TX 75265

Dsnb Macys Po Box 8218 Mason, OH 45040

Harris 111 West Jackson Boulevard Chicago, IL 60604

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Loancare Servicing Ctr 3637 Sentara Way Virginia Beach, VA 23452

Mercy Health Systems PO Box 5003 Janesville, WI 53547 Mercy Health Systems PO Box 5003 Janesville, WI 53547

Receivables Mgmt Partn 2250 E Devon Ave Ste 352 Des Plaines, IL 60018

Sears/cbna Po Box 6283 Sioux Falls, SD 57117

Sears/cbna Po Box 6283 Sioux Falls, SD 57117

Syncb/amer Eagle Po Box 965005 Orlando, FL 32896

Syncb/jcp Po Box 965007 Orlando, FL 32896

Syncb/tjx Cos Po Box 965015 Orlando, FL 32896